

Term:	(circle one)	 	IA IIA	IB IIB
20 _		III	IIIA	IIIB

Curren	t Mailing t Major: _	Address:	Name		First		State	Middle Initial - Zip
REGI			OVED COURSE LIST	and	Credit (Contact	isability Sur	Days
DRO	P/ADD Section Numbe		Course Title	CR	Time	Days		
R O P							Total Hour	\$
A D D	Section Numbe		Course Title	CR	Time	Days	Terminal Operator Initials Add/Drop Revised To Hours	
NOTE]	

NOTE: Registration for above courses accepted pending satisfactory completion of prerequisite courses in which student is currently enrolled. Student must withdraw from any course for which he/she has not completed prerequisite courses.

accept responsibility that these courses meet the requirements for my proposed program of study and for any veterans or financial aid benefits I might obtain while enrolled in these courses. Post Graduate/non-degree and transient students may self-advise and accept full responsibility. Teacher recertification students must contact their school board DOE for required courses for certification within discipline.

I certify that I have been made aware of my student rights and responsibilities as follows: a) I was given a copy of the Student's Rights and Responsibilities, as it appears in the SCC catalog, prior to my registration; b) I was given the chance to ask questions about my rights and responsibilities at that time; c) I was advised to keep my copy of the Student's Rights and Responsibilities statement for future use. I agree to abide by the rules and regulations established by Seminole Community College. I understanding that if I am advising myself, I must assume all responsibility for the consequences.

Student Signature	Date